

*IMPERIAL COUNTY
OPERATIONAL AREA*

*MEDICAL/HEALTH BRANCH
DISASTER PLAN*

ACKNOWLEDGMENTS

This Plan was developed with the participation of key management and staff from the Public Health, Environmental Health, Behavioral Health and Emergency Medical Services in Imperial County. Project funding was provided through a grant from the State of California Emergency Medical Services Authority. Some of the information in this plan was adopted from other medical/health disaster plans to include those developed by the State EMS Authority, San Mateo, Inland Counties, and Mountain-Valley EMS Agencies. This plan incorporates the standards adopted by the Statewide Disaster Medical Standards Development Project funded by the California EMS Authority.

FORWARD

This plan conforms to the California mandated Standardized Emergency Management System (SEMS), and provides medical/health disaster workers with checklists, procedures, and documentation to effectively manage large-scale disasters. The training program developed in accordance with this plan includes an orientation to the plan and checklists, medical/health branch policies and procedures, an overview of the Imperial County Operational Area, and the Standardized Emergency Management System.

DISCLAIMER

This plan cannot anticipate all possible emergency events or situations and therefore should not be used without competent review, training and exercising of the plan by qualified emergency management professionals to test, revise and/or validate its contents. Conditions will develop in actual operations where standard methods will not suffice. Nothing in this plan shall be interpreted as an obstacle to the experience, initiative, and ingenuity of the officers in overcoming the complexities that exist under actual emergency conditions. Users of this plan assume all liability arising from such use.

Prepared by:

Imperial County Public Health Department
Emergency Medical Services Agency

Project Coordinator:

John Pritting, Manager
Imperial County EMS

**MEDICAL/HEALTH BRANCH
DISASTER PLAN**

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Director Behavioral Health Services
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Environmental Health Services Manager
Public Health Nurse Manager
Public Health Fiscal Manager
Public Health Laboratory Manager
Operational Area EOC
Medical/Health DOC
Local OES Coordinator
Regional Disaster Medical/Health Coordinator
State EMS Authority

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MEDICAL/HEALTH BRANCH

DISASTER PLAN

Generalized Description of State Medical and Health Disaster Response System

Within California, disaster planning and operations are based on the concepts of local operational control during disasters and mutual aid to provide the additional resources necessary to augment disaster response organizations in the disaster area. The entity designated to coordinate disaster response resources within the geographical boundaries of a county is the **Operational Area (OA)**, which consists of all political entities of a County. The OA is responsible for coordinating local response programs, for utilizing all available local resources, for instituting mutual aid requests with other counties within the local mutual aid region, and for instituting and validating State resource requests.

Within the OA, an **Operational Area Disaster Medical/Health Coordinator (OADMHC)** is responsible for medical and health response. Normally this position is appointed by the County Public Health Officer or Board of Supervisors and will staff the medical and health branch in the **OA Emergency Operations Center (OAEOC)**. Unlike fire and law, however, there is no designated governmental structure in each County responsible for medical disaster planning and operations. In many cases, these requirements are tasked to the agency responsible for Emergency Medical Services for the County under the direction of the Public Health Officer or Public Health Director. The **Office of Emergency Services (OES)** organizes the OAs into six mutual aid regions to provide mutual aid support and a regional emergency response system. At the regional level, the State **Emergency Medical Services Authority (EMSA)** and **Department of Health Services (DHS)** jointly appoint a **Regional Disaster Medical and Health Coordinator (RDMHC)** whose responsibilities include supporting the mutual aid requests of the OADMHC for disaster response within the region and providing mutual aid support to other areas of the state in support of the state medical response system. The RDMHC also serves as an information source to the state medical and health response system.

Medical and health response planning at the state level is accomplished by several departments within the California Health and Human Services Agency and coordinated with plans prepared by the Governor's Office of Emergency Services. The medical response relies on mutual aid from the unaffected mutual aid regions within the State and state resources including medical personnel and equipment from DHS, state organized **Disaster Medical Assistance Teams (DMAT)**, and the California National Guard. Additionally, the state contracts with medical suppliers and other private and public medical providers to supply medical resources as needed.

EMSA is responsible to coordinate the procurement of medical resources, and in conjunction with DHS runs the **Joint Emergency Operations Center (JEOC)**, a combined EOC whose purpose is to set state medical and health policy and procedures, procure medical personnel through the Regional Medical Mutual Aid system and supplies and equipment through agreements with large medical supply vendors throughout the State. Additionally, state medical and health personnel run the Medical and Health Branch in each activated OES Regional EOC

(REOC). The M/H Branch has the responsibility to coordinate the medical and health response with other emergency response functions, coordinate with other state agencies such as the **California National Guard** for support to the medical and health response, and insure that the medical and health response supports the overall state response priorities as established by OES.

LOCAL HEALTH OFFICER

The focus and legal responsibility of the disaster medical and health coordination effort at the county level is the **Local Health Officer**. The Local Health Officer (LHO) of each operational area (county) is required to identify an **Operational Area Disaster Medical/Health Coordinator (OADMHC)** to assist with preparation and execution of the county's medical/health plan. While the LHO has overall responsibility for medical/health disaster preparedness, response and recovery, he/she may delegate many of these duties to the OADMHC. In Imperial County, the LHO has designated the **Emergency Medical Services Manager** as the primary OADMHC. Alternates include the Assistant Public Health Director and the Environmental Health Services Manager.

The LHO receives notification from either the OADMHC or the M/H Branch Director to report, as needed, to either the Operational Area Emergency Operations Center (OAEOC) or the Medical/Health Departmental Operations Center (M/H DOC) to assist with execution of the medical/health functions.

The LHO may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of war emergency," "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code, within his or her jurisdiction.

"Preventive measure" means abatement, correction, removal or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code and from any other money appropriated by a county board of supervisors to carry out the purposes of this section.

The LHO, upon consent of the county board of supervisors or a city governing body, may certify any public health hazard resulting from any disaster condition if certification is required for any federal or state disaster relief program.

The LHO shall assist with managing the event in accordance with the **Standardized Emergency Management System (SEMS)**, which is the official statewide method for disaster response management. According to the **Emergency Services Act** section 8607 (e) (1), "each local agency, in order to be eligible for any funding of response-related costs under disaster assistance programs, shall use the standardized emergency management system to coordinate multiple jurisdiction or multiple agency operations."

Operational Area Disaster Medical/Health Coordinator (OADMHC)

Definitions:

Operational Area: an intermediate level of the state emergency services consisting of a county and all political subdivisions within the county area. Political subdivisions include cities, a city and county, counties, districts, or other local government agency, or public agency authorized by law.

OADMHC: individual responsible for the activation of the medical/health response of the Operational Area, the initial direction and coordination of medical and health resources within the Operational Area, and the activation of appropriate positions with the Medical/Health Branch of the Operational Area Emergency Operations Center (OAEOC).

Qualifications:

The OADMHC shall:

- a. Work under the general direction of the Public Health Director
- b. Be a medical or health professional with emergency management experience and substantial knowledge of medical and health emergency operations
- c. Be selected by the Local Health Officer with the concurrence of the Public Health Director

Duties and Responsibilities:

- 1. Develop and test plans, policies, procedures, and structures for the initial activation and implementation of the disaster medical/health response system, to include:
 - a. Ensuring a 24-hour point of contact with at least two means of communications with local, regional, and state government agencies and officials with emergency management responsibilities: hospitals and other healthcare entities; and individuals who are to be mobilized in the event of activation of the disaster medical response system
 - b. Providing authorization and direction for activation of the Medical/Health Branch of the OAEOC, including staffing, initial actions, and transitioning system oversight responsibility to the Medical/Health Branch Director (Public Health Director)
 - c. Maintaining an up-to-date inventory of disaster medical and health resources in the operational area
 - d. Maintaining an up-to-date contact list (including alternates) for alert and activation of the disaster medical and health system
- 2. Coordinating disaster medical care operations within the Operational Area to include:
 - a. Coordinating with Public Health and Behavioral Health response activities
 - b. Coordinating the procurement and allocation of critical public and private medical and other resources required to support disaster medical care operations in affected areas

- c. Coordinating means of transporting casualties and medical resources to health care facilities including Field Treatment Sites within the area and to, or from, other areas as requested
- d. Requesting additional medical/health resources from the Regional Disaster Medical/Health Coordinator (RDMHC) when local need exceeds availability of resources within operational area
- e. Responding to requests from the RDMHC to provide disaster medical care assistance, as conditions permit
- f. Developing and maintaining a capability for identifying medical resources, transportation, and communication services within the operational area
- g. Maintaining liaison with the American Red Cross, Salvation Army and volunteer service agencies within the operational area
- h. Maintaining liaison with the Operational Area Coordinators of other relevant emergency functions such as: communications, fire and rescue, law enforcement, care and shelter, etc.

DOC OPERATIONS

The DOC is the focus of response to ensure public health and safety. DOC staff must coordinate response related to emergency medical services, public health, environmental health, behavioral health, and coordination of hospital resources.

An initial “needs assessment”, to include a situational and resource analysis is conducted by the OADMHC at the Operational Area EOC and is communicated to the Medical/Health DOC.

The OADMHC will coordinate with M/H DOC staff to manage disaster medical resources, including personnel, equipment, and supplies. Resource management includes assessing disaster medical response needs, tracking available resources, and requesting or providing mutual aid.

DOC ACTIVATION

The DOC may be activated:

- Upon declaration of a local emergency by the County Office of Emergency Services and Board of Supervisors;
- Upon declaration of a local emergency by a city government within Imperial County;
- In response to a local emergency incident (natural or human-made) that may affect the health and safety of employees or the public;
- In response to multiple local or regional incidents (natural or human-made) occurring simultaneously that may affect the health and safety of the public;
- Upon declaration by the Governor of a state of emergency or declaration by the President of a federal disaster

DOC LOCATIONS

Primary DOC

The Medical/Health DOC is located at the Imperial County Public Health Department, Training Room, 935 Broadway, El Centro, California 92243. Emergency power is provided by generator. The DOC generator will be stored at El Centro Fire Department Station #2 (900 S. Dogwood, El Centro). The Logistics Section shall contact El Centro Fire Department at 337-4530 to make arrangements for the generator to be picked up if emergency power is needed. Logistics will also provide for resupply of emergency fuel as needed. Emergency power should provide for selected lighting panels, wall circuits, and communication and information systems at minimum.

DOC Equipment and Supplies

Equipment and supplies, to include telephones, printer, fax machine, laptop computer, status sheets, and maps will be stored in the EMS Agency office. Managers and supervisors shall bring their department-issued cell phones when reporting to the DOC.

DOC Communications

Communications capabilities at the DOC include telephone, cell phone, fax, and E-mail. There are two additional means of communications available to the DOC: 1) contact Environmental Health Services and request one of their portable radios, and 2) contact the OAEOC and request assistance from ARES (Amateur Radio Emergency Service). The Logistics Section Chief, under the direction of the DOC Director, will be responsible for securing alternative means of communications for the DOC.

Alternate DOC

In the event that the primary DOC becomes unusable and the use of an alternate DOC becomes necessary, the staff occupying the primary DOC will be asked to relocate to the alternate DOC site. The DOC Director will notify the County EOC of the transition to the alternate DOC, including location. If the primary DOC is unusable before its activation, staff members will be asked to report directly to the alternate DOC site. The Logistics Section will arrange for relocation of DOC staff members to the alternate DOC. Alternate sites for the DOC include the mobile health clinic and the City of El Centro EOC (located in the Pac Bell building at 761 State Street, El Centro). Contact El Centro Fire Department at 337-4530 to make arrangements to relocate the M/H DOC to the Pac Bell building. It will be the responsibility of the Medical/Health Branch Director and/or DOC Director to designate the site for the alternate DOC.

Overall Needs Assessment

An accurate overall analysis of the disaster situation and the available resources is a prerequisite to effective and efficient resource management. Data must be collected from multiple sources to get an overall picture of the situation. Initial information about the situation is often inaccurate. Therefore, a needs assessment must be an ongoing process throughout the duration of the incident.

A needs assessment involves two major processes: a situation and resource analysis. The situation analysis involves the collection of information about the extent of damage and the immediate and mid- to long-range medical/health problems that have to be tackled. A resource analysis involves the collection of information about the medical/health resources available to tackle the problems.

During the immediate aftermath of a major disaster, the emphasis is placed on gathering information to determine the extent of damage and the subsequent impact on the health and safety of the affected population. This is called an “Assessment of Immediate Health Threats” and gives you a picture of what immediate problems exist. This is followed by determining the impact on the health care delivery system to determine what resources you have to mitigate the problems. This information provides the Medical/Health Branch with an assessment of the immediate medical needs of the affected population, what medical/health resources are available, and facilitates the development of an Action Plan to address those needs.

Priorities can be categorized as either immediate or delayed. Immediate priorities require resources be committed to address immediate health threats. Delayed priorities involve surveillance and epidemiology about the relative health of the impacted population and to evaluate the potential for public health consequences as a result of the disaster event. The checklist guides you through the mid to long range objectives by assessing the need for care and shelter of the displaced population to include the need for potable water, food safety, waste management, communicable disease control, vector control, and the provision of medical and health information to the general public. The long-range objectives also include providing for the mental health of the community and workers.

Action Plans

The use of Action Plans provide management personnel with knowledge of the objectives to be achieved and the steps required for achievement. Action plans not only provide direction, but they also serve to provide a basis for measuring achievement of objectives and overall system performance.

Action Plans can only be developed after conducting a situation and resource analysis, which provide information on the objectives that need to be accomplished and the resources that are needed to accomplish them. These objectives are then broken down into specific tasks that are delegated to specific medical/health groups or personnel. The groups or individuals responsible for accomplishing each delegated task must then indicate the resources needed to do so.

Once the objectives and tasks are identified, priorities are established for the allocation of resources based on the analysis of conditions at incident sites and the availability of medical/health resources. Initial information about disaster conditions are often inaccurate and may require resources to be reassigned as updated information is obtained or conditions change. When the need for medical/health resources exceeds the availability of resources within the Operational Area, a request for mutual aid resources must be submitted through the Region VI - Regional Disaster Medical/Health Coordinator (RDMHC).

Action plans are developed for specified operational periods, which may range from a few hours to a maximum of 24 hours. The operational period is determined by first establishing a set of priority actions that need to be performed. A reasonable time frame is then established for accomplishing those actions. The action plans need not be complex, but should be sufficiently detailed to guide personnel in implementing the priority actions.

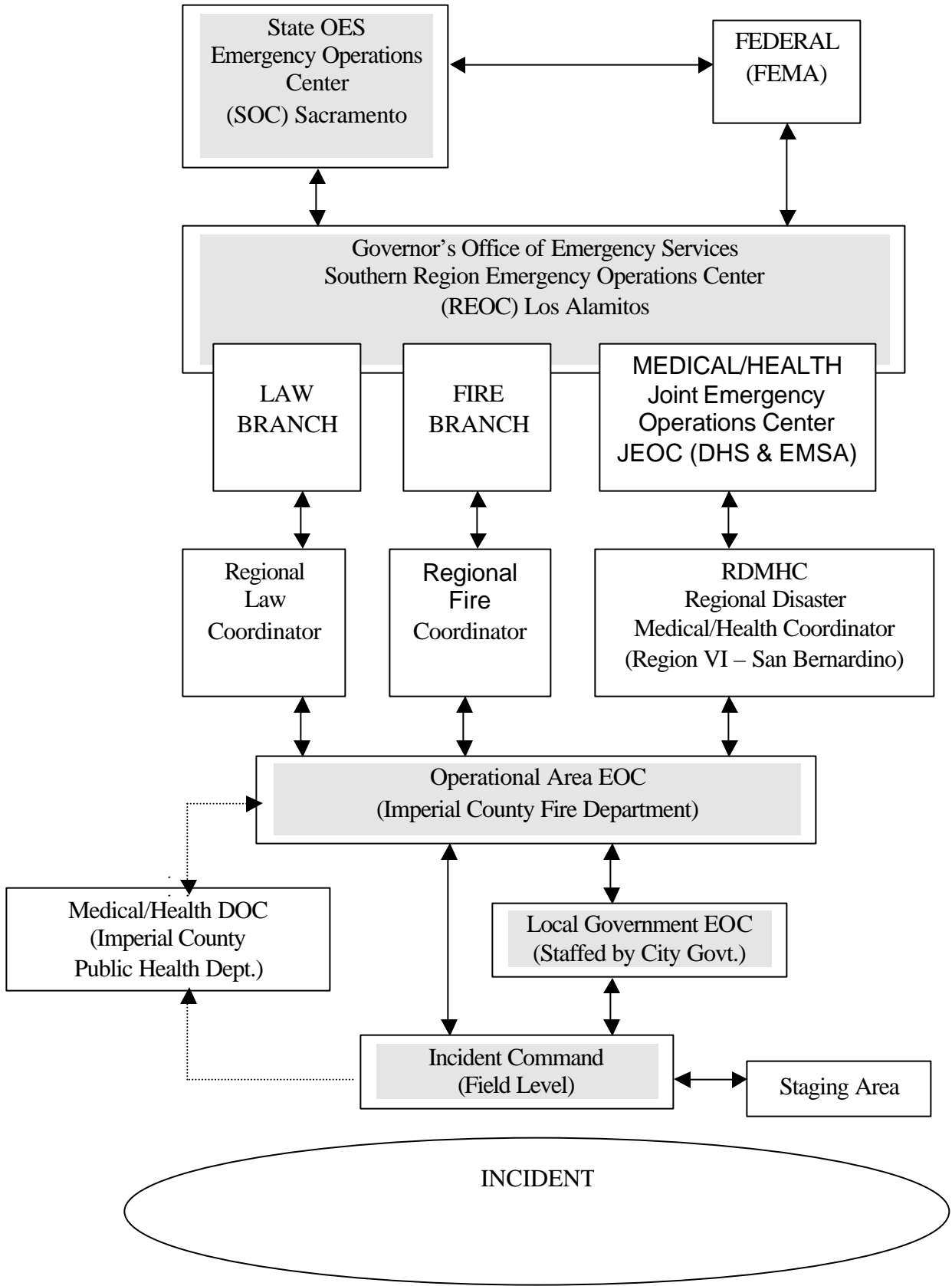
Medical/Health Branch Responsibilities under SEMS

Medical/Health Branch personnel at the OAEOC and the M/H DOC will comply with SEMS regulations as defined in the Operational Area Emergency Operations Plan by providing for the five essential SEMS functions of Management, Operations, Planning, Logistics, and Finance. Medical/Health personnel functioning in the field include emergency medical personnel and public and environmental health personnel. Emergency Medical Services personnel will follow field ICS protocol, to include utilizing the START triage system, and will communicate with the OADMHC via the IC or their department or agency liaison. Public and Environmental Health personnel will communicate directly with their respective supervisors at the OAEOC or the M/H DOC.

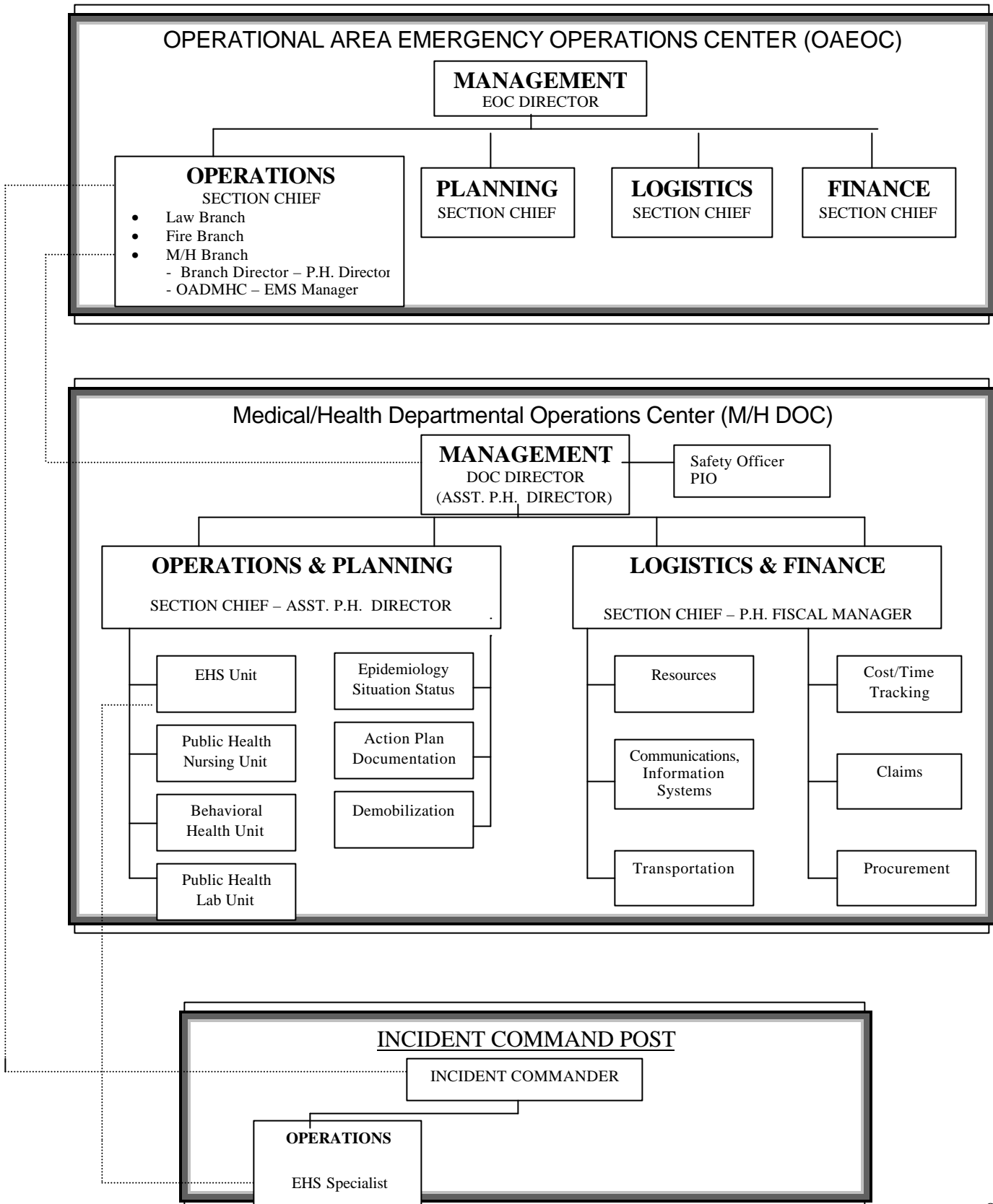
List of SEMS Acronyms

Acronym	Denotation	Disposition
IC	Incident Commander	Authority at field level
ICS	Incident Command System	Standardized field incident management system
JEOC	Joint Emergency Operations Center	Staffed by California EMSA and DHS
LHO	Local Health Officer	Imperial County LHO: Dr. Benjamin Lehr
M/H DOC	Medical/Health Departmental Operations Center	Imperial County Public Health Department
OA	Operational Area	Imperial County
OADMHC	Operational Area Disaster Medical Health Coordinator	Imperial County OADMHC: John Pritting, EMS Manager
OAEOC	Operational Area Emergency Operations Center	Primary location: Imperial County Fire Dept.
OES	Office of Emergency Services	Local OES Coordinator: Chief Joe Buzo, ICFD
RDMHC	Regional Disaster Medical Health Coordinator	Dr. Prendergast, LHO Region VI, San Bernardino
REOC	OES Regional Emergency Operations Center	Southern REOC located in Los Alamitos
SEMS	Standardized Emergency Management System	Multi-agency/jurisdictional disaster response management
SOC	OES State Operations Center	Sacramento

**CALIFORNIA MUTUAL AID
INFORMATION FLOWCHART**



IMPERIAL COUNTY
OPERATIONAL AREA
INFORMATION FLOWCHART



MEDICAL/HEALTH BRANCH DISASTER PLAN CHECKLIST

OADMHC

- ☐ Report to OAEOC when notified or in response to a disaster event, sign in and report to the Operations Section Medical/Health Branch
- ☐ Receive briefing from Operations Section Chief
- ☐ Based on available information, determine need for and activate additional M/H Branch personnel to include:
 - ☐ Public Health Director – report to OAEOC, Operations Section.
Position - **MEDICAL/HEALTH BRANCH DIRECTOR**
Responsibilities – direct activities relating to medical/health operations
 - ☐ Activate additional M/H Branch personnel as needed. Personnel should report to either the OAEOC or the M/H DOC as directed and review ***Job Action Sheets:***
 - ___ County Health Officer
 - ___ Assistant Public Health Director
 - ___ EHS Manager
 - ___ PHN Manager
 - ___ EMS Medical Director
 - ___ PH Fiscal Manager
 - ___ PH Laboratory Manager
 - ___ Behavioral Health Director
 - ___ Other M/H personnel
- ☐ Determine Level of Activation for Medical/Health Branch and activate M/H DOC (Departmental Operations Center) as needed

LEVELS OF ACTIVATION

- **Level One Activation** – This is a minimum activation level. Normally, this level would only involve the OADMHC who would respond to the OAEOC to staff the Medical/Health Branch. This level is usually used as the initial staffing for any local emergency until a “needs assessment” has been conducted to determine additional staffing needs.
- **Level Two Activation** – This level would normally be achieved by an upgrade from a Level One or a downgrade from a Level Three Activation. A Level Two may initially activate only certain functional elements of the medical/health organization at a minimum staffing level (e.g. OADMHC, Public Health Director, Health Officer) but not full activation of the Medical/Health Branch.

- **Level Three Activation** - A Level Three Activation would be a complete and full activation with all Medical/Health Branch organizational elements at full staffing. Level Three would call for activation of the Medical/Health DOC.

NOTE: The decision to activate the M/H DOC may be made by the Health Officer or Public Health Director in response to any emergency that poses a threat to the health and safety of the public.

- ☐ Establish communications with Region VI – RDMHC (Regional Disaster Medical/Health Coordinator) at (909) 356-3805 and give status report
- ☐ Establish communications with State DHS/EMSA Joint Emergency Operations Center (JEOC) at (916) 328-9025 and give status report

IMMEDIATE HEALTH THREATS

- ☐ **Situation Analysis** – gather information from PSAP's, Incident Command Posts, other sources and complete Assessment of Immediate Health Threats (Worksheet)
- ☐ **Resource Analysis** – assess status and availability of medical/health resources to include:
 - ☐ Ambulance Resources (Air & Ground) (*Worksheet*)
 - ☐ Hospital Status Reports (*Worksheet*)
 - ☐ M/H Resources Available at Staging Areas (see Assessment of Immediate Health Threats Worksheet)
 - ☐ Other Healthcare Facilities (*Worksheets*)
 - ☐ Health Clinics/Urgent Care Centers - ambulatory patients can be triaged from field sites to these facilities to minimize patient volume at emergency departments
 - ☐ Skilled Nursing Facilities (SNFs)/Residential Care Facilities (RCFs) – hospital in-patients may be triaged out to SNFs or RCFs to increase bed availability for more critical patients
 - ☐ Home Health Agencies – for status reports and availability of nursing staff, other medical/health resources
- ☐ Coordinate with Planning Section to develop **ACTION PLAN** for Immediate Threats
- ☐ Coordinate with Operations and Logistics Sections to request medical/health resources. When resource needs exceed availability of resources within Operational Area, request mutual aid resources through Region VI – RDMHC (*See Resource Request Form*)
- ☐ Collect information periodically to update ***Situation & Resource Analysis*** and disseminate information to all who have a need to know to include:
 - ☐ RDMHC & JEOC
 - ☐ Hospitals
 - ☐ Incident Commanders
 - ☐ Ambulance Providers
 - ☐ Other Health Care Providers
 - ☐ Submit RIMS medical/health reports to Office of Emergency Services

WORKSHEET

ASSESSMENT OF IMMEDIATE HEALTH THREATS

<u>Location of Incident:</u> _____ <div style="display: flex; justify-content: space-between;"> Date: _____ Time: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Initial Report <input type="checkbox"/> Follow-up Report </div>
<u>Immediate Health Threats (check all that apply)</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Fire</div> <div style="width: 50%;"><input type="checkbox"/> Flooding</div> <div style="width: 50%;"><input type="checkbox"/> Explosion</div> <div style="width: 50%;"><input type="checkbox"/> Building collapse</div> <div style="width: 50%;"><input type="checkbox"/> Unstable Structures</div> <div style="width: 50%;"><input type="checkbox"/> Chemical (_____)</div> <div style="width: 50%;"><input type="checkbox"/> Biological (_____)</div> <div style="width: 50%;"><input type="checkbox"/> Outbreak (_____)</div> <div style="width: 50%;"><input type="checkbox"/> Radiological (source: _____)</div> <div style="width: 50%;"><input type="checkbox"/> Downed Power Lines</div> <div style="width: 50%;"><input type="checkbox"/> Other (explain)</div> </div> Pertinent Information: _____
<u>Impact on Population (estimate number for each applicable category)</u> <div style="display: flex; justify-content: space-between;"> People Threatened: _____ Trapped Victims: _____ Exposed/Contaminated: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Casualties: _____ Major Injuries: _____ Minor Injuries: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Fatalities: _____ Displaced Persons: _____ Other: _____ </div> Pertinent Information: _____
<u>Contact Person:</u> _____ Mode of Communication: <input type="checkbox"/> Radio (frequency/channel): _____ <div style="margin-left: 100px;"><input type="checkbox"/> Phone/Cellular (number): _____</div> <input type="checkbox"/> Check box if Contact Person at Incident Command Post and ascertain the following: <div style="margin-left: 40px;">Location of Staging Area: _____</div> <div style="margin-left: 40px;">Ingress Route: _____</div> <div style="display: flex; justify-content: space-between;"> M/H Resources Available at Staging Area: Ambulances (ground) ALS _____ BLS _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Helicopters _____ Other M/H resources: _____ </div>
<u>Report taken by:</u> _____

WORKSHEET

GROUND AMBULANCE RESOURCES		
Provider Name Contact Number	Number of Ambulances Available Now	Number of Ambulances Available Within 2 Hours
Gold Cross Ambulance Service 353-3380	BLS Ambulances _____ ALS Ambulances _____	BLS Ambulances _____ ALS Ambulances _____
Calexico Fire Department 768-2150	BLS Ambulances _____ ALS Ambulances _____	BLS Ambulances _____ ALS Ambulances _____
West Shore Ambulance Service 395-6800	BLS Ambulances _____ ALS Ambulances _____	BLS Ambulances _____ ALS Ambulances _____
Bombay Beach Rescue Service 354-1129	BLS Ambulances _____ ALS Ambulances _____	BLS Ambulances _____ ALS Ambulances _____
Naval Air Facility, El Centro 339-2232	BLS Ambulances _____ ALS Ambulances _____	BLS Ambulances _____ ALS Ambulances _____
Rural Metro Ambulance, Yuma (520) 782-4757 *Can ambulances communicate with Sheriff's Dispatch? [] Yes [] No	BLS Ambulances _____ ALS Ambulances _____ Staging Area:	BLS Ambulances _____ ALS Ambulances _____ Staging Area:
Blythe Ambulance Service 922-8460 *Can ambulances communicate with Sheriff's Dispatch? [] Yes [] No	BLS Ambulances _____ ALS Ambulances _____ Staging Area:	BLS Ambulances _____ ALS Ambulances _____ Staging Area:
*Ambulances that do not have the capability to communicate with Sheriff's Dispatch must be directed to a designated staging area for assignments such as a command post, ambulance station, fire station, hospital, etc.		

AIR AMBULANCE RESOURCES				
Provider Name Contact Number	Number Helicopters (rotorcraft) Available Now Within 2 hours		Number Aircraft (fixed wing) Available Now Within 2 hours	
MCAS, Yuma (520) 341-2533	[]	[]	[]	[]
CHP, Thermal 352-4111	[]	[]	[]	[]
Aeromedevac (619) 284-7910	[]	[]	[]	[]
Schaefer Air (323) 468-1620	[]	[]	[]	[]
Mercy Air (909) 356-9494	[]	[]	[]	[]

WORKSHEET

HOSPITAL STATUS REPORT

EL CENTRO REGIONAL MEDICAL CENTER

Contact Person: _____ Number: _____

Other Contacts: Emergency Department 339-7254 _____1. Is hospital functional? ☐ Yes ☐ Partial ☐ No

2. How many patients can the hospital accept in the following categories:

Emergency Dept. _____ ICU _____ Pediatrics _____

Medical/Surgical _____ Other: _____

3. What are hospital needs? (Action Plan Objectives)

☐ Evacuation: How many patients: _____ Which departments: _____

<input type="checkbox"/> Personnel (specify quantity)	<u>Department</u> ED: _____ Surgery: _____ Other (): _____	<u>Physicians</u> _____	<u>Nurses</u> _____	<u>Other ()</u> _____
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☐ Blood (type/quantity) _____☐ Equipment (type/quantity) _____☐ Supplies (see checklist) _____☐ Field Treatment Site☐ DMAT (Disaster Medical Assistance Team)☐ HazMat Team: Hazardous Material (if known): _____Number people exposed _____ Are they isolated outside hospital: ☐ Yes ☐ NoIs hospital contaminated: ☐ Yes ☐ No Which departments: _____☐ Other:

Report taken by: _____ Date: _____ Time: _____

☐ Initial Report ☐ Follow-up Report

HOSPITAL STATUS REPORT**PIONEERS MEMORIAL HEALTHCARE DISTRICT**

Contact Person: _____ Number: _____

Other Contacts: Emergency Department 351-3130 _____1. Is hospital functional? ☐ Yes ☐ Partial ☐ No

2. How many patients can the hospital accept in the following categories:

Emergency Dept. _____ ICU _____ Pediatrics _____

Medical/Surgical _____ Other: _____

3. What are hospital needs? (Action Plan Objectives)

☐ Evacuation: How many patients: _____ Which departments: _____

<input type="checkbox"/> Personnel (specify quantity)	<u>Department</u> ED: _____ Surgery: _____ Other (): _____	<u>Physicians</u> _____	<u>Nurses</u> _____	<u>Other ()</u> _____
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☐ Blood (type/quantity) _____☐ Equipment (type/quantity) _____☐ Supplies (see checklist) _____☐ Field Treatment Site☐ DMAT (Disaster Medical Assistance Team)☐ HazMat Team: Hazardous Material (if known): _____Number people exposed _____ Are they isolated outside hospital: ☐ Yes ☐ NoIs hospital contaminated: ☐ Yes ☐ No Which departments: _____☐ Other:

Report taken by: _____ Date: _____ Time: _____

☐ Initial Report ☐ Follow-up Report

WORKSHEET

OTHER HEALTH CARE FACILITIES

HEALTH CLINICSClinicas de Salud, 1271 Ross Ave. Suite A, El Centro 352-2257

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Clinicas de Salud, 1166 K St., Brawley 344-6471

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Clinicas de Salud, 223 W. Cole Rd., Calexico 357-2020

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Clinicas de Salud, 309 E. Main, Niland 359-0110

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

HEALTH CLINICS (continued)Valley Family Care Center, 1745 S. Imperial Ave. Suite 106, El Centro 370-3700

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Valley Family Care Center, 2451 Rockwood Ave. Suite 101, Calexico 257-0508

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Pioneers Health Center, 1121 S. 4th St., Suite D, El Centro 337-3000

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Pioneers Health Center, 731 W. Cesar Chavez Blvd., Calexico 357-4850

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

URGENT CARE CENTERSValley CompHealth & Immediate Medical Center, 2026 N. Imperial Ave., El Centro 353-6600

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Brawley

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Calexico Medical Center, 447 E. 10th St., Calexico 768-9688

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

Other

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Is facility capable of treating ambulatory patients (e.g. stable fractures, minor lacerations): ☐ Yes ☐ No

If yes, how many patients can facility receive: _____

SKILLED NURSING FACILITIES (SNFs)VALLEY CONVALESCENT HOSPITAL, 1700 S. Imperial Ave., El Centro 352-8471

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Does facility need to be evacuated: ☐ Yes ☐ No

If yes, how many patients need to be evacuated: _____ (Note – must find “like” facilities for patients)

3. Can facility receive patients: ☐ Yes ☐ No

If yes, how many patients can facility receive: bedbound _____ ambulatory _____

ROYAL CONVALESCENT HOSPITAL, 320 W. Cattle Call Dr., Brawley 344-5431

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Does facility need to be evacuated: ☐ Yes ☐ No

If yes, how many patients need to be evacuated: _____ (Note – must find “like” facilities for patients)

3. Can facility receive patients: ☐ Yes ☐ No

If yes, how many patients can facility receive: bedbound _____ ambulatory _____

IMPERIAL MANOR, 100 E. 2nd St., Imperial 355-2858

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Does facility need to be evacuated: ☐ Yes ☐ No

If yes, how many patients need to be evacuated: _____ (Note – must find “like” facilities for patients)

3. Can facility receive patients: ☐ Yes ☐ No

If yes, how many patients can facility receive: bedbound _____ ambulatory _____

RESIDENTIAL CARE FACILITIES (RCF's)VALLEY INN, 708 E. 5th, Holtville 356-1262

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Does facility need to be evacuated: ☐ Yes ☐ No

If yes, how many patients need to be evacuated: _____

3. Can facility receive patients: ☐ Yes ☐ No

If yes, how many patients can facility receive: bedbound _____ ambulatory _____

IMPERIAL OASIS, 590 W. Main, Brawley 344-7060

Contact Person: _____ Number: _____

1. Is facility functional? ☐ Yes ☐ Partial ☐ No2. Does facility need to be evacuated: ☐ Yes ☐ No

If yes, how many patients need to be evacuated: _____

3. Can facility receive patients: ☐ Yes ☐ No

If yes, how many patients can facility receive: bedbound _____ ambulatory _____

HOME HEALTH AGENCIESGentiva Health Services 353-3773

Contact Person: _____ Number: _____

Can agency provide medical/health staff or resources for field treatment sites, temporary shelters, or congregate group sites? ☐ Yes ☐ No

If yes, how many each category: RNs _____ LVNs _____ CNAs _____

Other resources:

Home Choice 352-4022

Contact Person: _____ Number: _____

Can agency provide medical/health staff or resources for field treatment sites, temporary shelters, or congregate group sites? ☐ Yes ☐ No

If yes, how many each category: RNs _____ LVNs _____ CNAs _____

Other resources:

Imperial Valley Home Health Care 344-9180

Contact Person: _____ Number: _____

Can agency provide medical/health staff or resources for field treatment sites, temporary shelters, or congregate group sites? ☐ Yes ☐ No

If yes, how many each category: RNs _____ LVNs _____ CNAs _____

Other resources:

Other

Contact Person: _____ Number: _____

Can agency provide medical/health staff or resources for field treatment sites, temporary shelters, or congregate group sites? ☐ Yes ☐ No

If yes, how many each category: RNs _____ LVNs _____ CNAs _____

Other resources:

MID TO LONG-RANGE HEALTH THREATS

- ☐ **Situation Analysis** – gather information from callers, contacts, Incident Command Posts, other sources to assess mid to long-range health threats to include:
 - ☐ Environmental Health (refer to **EHSU** Job Action Sheet)
 - ☐ Care and Shelter – coordinate with American Red Cross and Salvation Army to evaluate and provide support services at shelter facilities to include the needs of the medically fragile (refer to **PHNU** and **EHSU** Job Action Sheets)
 - ☐ Coroner and Mortuary Services - coordinate with Coroner and Mortuary Services to identify, register, hold and safely dispose of human remains to prevent health risks to the public (refer to **EHSU** Job Action Sheet)
 - ☐ Animal Control – coordinate with the Area Animal Control Coordinator to hold and safely dispose of animal remains to prevent health risks to the public (refer to **EHSU** Job Action Sheet)
 - ☐ Behavioral Health – evaluate and provide services to improve the emotional health of the public and responders to include critical incident stress debriefing (if available), and short and long-term crisis counseling services (refer to **BHSU** Job Action Sheet)
- ☐ Coordinate with Planning Section to develop **ACTION PLAN** for Mid to Long-Range Health Threats
- ☐ Coordinate with Operations and Logistics Sections to request medical/health resources. When resource needs exceed availability of resources within Operational Area, request mutual aid resources through Region VI – RDMHC (***See Resource Request Form***)
- ☐ Collect information periodically to update ***Situation & Resource Analysis*** and disseminate information to all who have a need to know (see list above)
- ☐ Disaster Recovery
 - ☐ Evaluate the need for continued activation of Medical/Health Branch personnel at either the OAEOC or M/H DOC
 - ☐ Ensure that public health and safety information guidelines are issued by PIO (Public Information Officer)
 - ☐ Develop **ACTION PLAN** for deactivation of medical/health resources
 - ☐ Participate in critique of medical/health disaster response and after-action report

MEDICAL/HEALTH BRANCH DEPARTMENTAL OPERATIONS CENTER (DOC) JOB ACTION SHEET	
DOC DIRECTOR:	Assistant Public Health Director or designee
SEMS ASSIGNMENT:	Management/Operations/Planning at M/H DOC
REPORT TO:	M/H Branch Director
RESPONSIBILITIES: under the direction of the M/H Branch Director, manage and coordinate health department response; manage all operations applicable to the medical/health mission to include collection, evaluation, distribution and use of incident information; oversee all SEMS functions at DOC to include Management, Operations, Planning, Finance, and Logistics; assign responsibilities for Safety Officer and PIO	
<input type="checkbox"/> Receive activation notice from M/H Branch Director	
<input type="checkbox"/> Report to M/H DOC	
<input type="checkbox"/> Assume initial responsibilities as Safety Officer and ensure safety of the health department building to include: <ul style="list-style-type: none"> <input type="checkbox"/> Oversee a facility operational assessment <input type="checkbox"/> Determine any areas of building as unsafe and off-limits and secure as needed 	
<input type="checkbox"/> Activate the M/H DOC if safe (if unsafe – report to alternate M/H DOC). Assign personnel to set up training room for DOC to include setting up status boards, maps, communications, fax, printer and computers as needed	
<input type="checkbox"/> Initiate sign in sheet to DOC and review DOC Job Action Sheet	
<input type="checkbox"/> Establish contact with OAEOC - M/H Branch Director or OADMHC and obtain status reports on: <ul style="list-style-type: none"> <input type="checkbox"/> Road Closures, weather reports, other hazard projections (e.g. aftershocks, flooding, etc.) <input type="checkbox"/> Situation Analysis on Immediate and Mid- to Long-range health threats <input type="checkbox"/> Resource Analysis on available medical/health resources <input type="checkbox"/> Request fax or Email (if able) the Disaster Plan Checklist initiated for this event. OADMHC and DOC Director shall communicate regularly to update the checklist as needed 	
<input type="checkbox"/> Activate needed positions of the M/H DOC team for a briefing to assess the situation. DOC Team consists of the following: <ul style="list-style-type: none"> <input type="checkbox"/> County Health Officer <input type="checkbox"/> Environmental Health Services Unit Leader <input type="checkbox"/> Public Health Nursing Unit Leader <input type="checkbox"/> Behavioral Health Services Unit Leader <input type="checkbox"/> Public Health Laboratory Unit Leader <input type="checkbox"/> Financial Section Chief <input type="checkbox"/> Logistics Section Chief 	

<input type="checkbox"/>	Coordinate with DOC Team to determine incident objectives/tasks and prepare the <u>ACTION PLAN</u> for each operational period (24-hour periods)						
<input type="checkbox"/>	Coordinate with DOC Team to determine resource needs (personnel, equipment, supplies, etc.) and transmit resource requests to the OADMHC						
<input type="checkbox"/>	Designate a Safety Officer to perform the following: <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Oversee activities at DOC, field sites and shelters to identify hazardous and unsafe conditions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Exercise emergency authority to stop and prevent unsafe acts or correct obvious hazards</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Investigate accidents, assist with accident claims, provide safety instructions as needed</td> </tr> </table>	<input type="checkbox"/>	Oversee activities at DOC, field sites and shelters to identify hazardous and unsafe conditions	<input type="checkbox"/>	Exercise emergency authority to stop and prevent unsafe acts or correct obvious hazards	<input type="checkbox"/>	Investigate accidents, assist with accident claims, provide safety instructions as needed
<input type="checkbox"/>	Oversee activities at DOC, field sites and shelters to identify hazardous and unsafe conditions						
<input type="checkbox"/>	Exercise emergency authority to stop and prevent unsafe acts or correct obvious hazards						
<input type="checkbox"/>	Investigate accidents, assist with accident claims, provide safety instructions as needed						
<input type="checkbox"/>	Monitor, evaluate and update situation and resource analysis as needed and communicate current status information to M/H Branch Director or OADMHC						
<input type="checkbox"/>	Designate a Public Information Officer (PIO) as needed to coordinate with OAEOC PIO to release information to the news media and post information in the DOC and other appropriate locations.						
<input type="checkbox"/>	Coordinate with M/H Branch Director to determine staffing at OAEOC M/H Branch and DOC for each operational period						
<input type="checkbox"/>	At a shift change, provide a detailed status report and all written materials to replacement staff						
<input type="checkbox"/>	Supervise operations, analyze interorganizational effectiveness, address problems as needed						
Disaster Recovery							
<input type="checkbox"/>	Coordinate with M/H Branch Director and evaluate need for continued activation of M/H DOC						
<input type="checkbox"/>	Develop <u>ACTION PLAN</u> for deactivation of M/H DOC; oversee demobilization activities, including incident documentation, cost reporting, and post-event debriefing						
<input type="checkbox"/>	Participate in critique of medical/health disaster response and after-action report						
<input type="checkbox"/>	Maintain documentation of incident messages, status reports, action plans, employ rosters, time logs, purchase logs, etc., and submit to M/H Branch Director or OADMHC for after-action report.						

ENVIRONMENTAL HEALTH SERVICES UNIT JOB ACTION SHEET	
UNIT LEADER:	EHS Manager or designee
SEMS ASSIGNMENT:	Operations Section at OAEOC or M/H DOC
REPORT TO:	M/H Branch Director or DOC Director
RESPONSIBILITIES: include drinking water safety, food and dairy safety, liquid and solid waste management and disposal, housing and mass care sanitation, vector control, hazardous material containment, medical waste management and disposal, monitoring disposal of human and animal remains	
<input type="checkbox"/>	Receive activation notice from M/H Branch Director
<input type="checkbox"/>	Report to Operations Section at either the OAEOC or M/H DOC as directed
<input type="checkbox"/>	Sign in, obtain briefing and review EHS Job Action Sheet
<input type="checkbox"/>	Activate EHS Task Force as needed and brief Task Force Leaders
<input type="checkbox"/>	<p>Conduct <i>Situation Analysis</i> for Environmental Health threats and <i>Resource Analysis</i> of Environmental Health resources. Analyze Immediate and Mid to Long-range environmental health threats to include:</p> <p><input type="checkbox"/> <u>Chemical, Biological, Radiological</u> – monitor chemical, biological, and radiological incident response/recovery and provide technical assistance, prepare public advisory as appropriate</p> <p><input type="checkbox"/> <u>Water Supplies</u> – assess safety of public water supplies, supervise disinfect ion and distribution of hauled water supplies, prepare public advisory as appropriate (boil water notice)</p> <p><input type="checkbox"/> <u>Portable Toilets</u> – assess need for emergency portable toilets, monitor availability and distribution of portable toilets, prepare public advisory for emergency provision of portable toilets</p> <p><input type="checkbox"/> <u>Food and Dairy Supplies</u> – inspect all food and dairy suppliers, condemn and supervise destruction and disposal of unsafe foods, prepare public advisory as appropriate</p> <p><input type="checkbox"/> <u>Solid Waste</u> – assess need for establishing garbage collection sites within communities, assess solid waste collection and disposal status of service providers, provide emergency authorization to exceed permit requirements at solid waste disposal sites as needed</p> <p><input type="checkbox"/> <u>Vector Control</u> – identify vector breeding sites and need for treatment, provide control of mosquitoes and AHBs, provide technical assessment and recommend control of vectors for other than mosquitoes and AHBs, prepare public advisory as appropriate</p> <p><input type="checkbox"/> <u>Coroner and Mortuary Services</u> – coordinate with Coroner and Mortuary Services to hold and safely dispose of human remains to prevent public health risks</p> <p><input type="checkbox"/> <u>Animal Control</u> – coordinate with the Area Animal Control Coordinator to hold and safely dispose of animal remains to prevent public health risks</p> <p><input type="checkbox"/> <u>Communicable Disease</u> – coordinate with <i>Public Health Nursing Unit</i> to monitor and investigate incidence of communicable disease, identify and respond to environmental conditions which may cause communicable disease transmission, prepare public advisories as appropriate</p> <p><input type="checkbox"/> <u>Laboratory</u> – verify operational status of public health and support laboratories (see resource list)</p>
<input type="checkbox"/>	<u>Public Advisories</u> – prepare public advisories and distribute to M/H Branch Director or designee for approval and distribution

<input type="checkbox"/>	Coordinate with Planning Section to develop <u>ACTION PLANS</u>
<input type="checkbox"/>	Assign staff to Operational Periods to complete tasks and objectives (should not exceed 12 hour shifts), provide relief personnel, rest periods and meals as needed
<input type="checkbox"/>	Coordinate with Operations Section and Logistics to request resources. When resource needs exceed availability of resources within Operational Area, submit request for <u>mutual aid resources</u> to OADMHC or M/H Branch Director at the OAEOC. Mutual Aid resources are requested through Region-VI RDMHC.
<input type="checkbox"/>	<p>Collect information periodically to update <i>Situation & Resource Analysis</i> and disseminate information to all who have a need to know to include:</p> <p><input type="checkbox"/> M/H Branch Director, DOC Director, OADMHC</p> <p><input type="checkbox"/> Task Force Leaders</p> <p><input type="checkbox"/> Participating and Support Agencies</p> <p><input type="checkbox"/> Other:</p>
<input type="checkbox"/>	Analyze interorganizational effectiveness, address problems as needed.
<input type="checkbox"/>	Maintain unit log of EHS activities and communications
<input type="checkbox"/>	<p><u>Disaster Recovery</u></p> <p><input type="checkbox"/> Evaluate need for continued activation of Environmental Health Services Unit</p> <p><input type="checkbox"/> Ensure that public health and safety advisories are prepared and submitted to M/H Branch Director</p> <p><input type="checkbox"/> Develop <u>ACTION PLAN</u> for deactivation of EHS personnel</p> <p><input type="checkbox"/> Participate in critique of medical/health disaster response and after-action report</p>

PUBLIC HEALTH NURSING UNIT JOB ACTION SHEET	
UNIT LEADER:	PHN Manager or designee
SEMS ASSIGNMENT:	Operations Section at OAEOC or M/H DOC
REPORT TO:	M/H Branch Director or designee
RESPONSIBILITIES:	
<input type="checkbox"/>	Receive activation notice from M/H Branch Director or designee
<input type="checkbox"/>	Report to Operations Section at either the OAEOC or M/H DOC as directed
<input type="checkbox"/>	Sign in, obtain briefing and review PHNU Job Action Sheet
<input type="checkbox"/>	Activate PHNU as needed and brief Unit Leaders
<input type="checkbox"/>	Conduct <i>Situation Analysis</i> for public health threats and <i>Resource Analysis</i> of public health resources. Analyze Immediate and Mid to Long-range public health issues to include: <ul style="list-style-type: none"> <input type="checkbox"/> <u>Emergency Care for the Sick & Injured</u> – participate in the operation of <u>Field Treatment Sites</u> and <u>First Aid Stations</u> as needed, including assessment and treatment of minor illnesses and injuries, lifesaving measures and referral of serious cases to appropriate personnel/agencies <input type="checkbox"/> <u>Communicable Disease</u> – coordinate with <i>Environmental Health Services Unit</i> to prevent, monitor, and control the spread of communicable disease in the community, prepare public advisories as appropriate to include establishing immunization clinics when requested <input type="checkbox"/> <u>Shelter Sites</u> – coordinate with the American Red Cross and Salvation Army to determine the location and capacity of each shelter site, provide consultation to shelter staff regarding health assessments and referrals, provide surveillance in cooperation with <i>EHSU</i> of medical/health needs at shelter sites, including the needs of vulnerable population groups (infants, elderly, medically fragile), assist in establishing priorities for care and evaluate nursing care plans for sick and injured, provide emergency care as necessary, complete <i>Shelter Assessment Form</i> for each shelter in Operational Area <input type="checkbox"/> <u>Congregate Group Sites</u> – determine location and population of congregate group sites, provide surveillance in cooperation with <i>EHSU</i> to all congregate group sites to identify public and environmental health threats, provide assessment of medical and nursing needs, including the needs of vulnerable population groups (infants, elderly, medically fragile), assist in establishing priorities for care and evaluate nursing care plans for sick and injured, provide emergency care as necessary, complete <i>Shelter Assessment Form</i> for each congregate group site in Operational Area <input type="checkbox"/> <u>Occupant Safety</u> – assess health and safety of occupants in individual and aggregate living situations, coordinate with responsible agencies to assist individuals without housing <input type="checkbox"/> <u>Health Facilities</u> – assist local health facilities to function and provide public health consultations as needed
<input type="checkbox"/>	<u>Public Advisories</u> – prepare public advisories and distribute to M/H Branch Director or designee for approval and distribution
<input type="checkbox"/>	Coordinate with Planning Section to develop <i>ACTION PLANS</i>

<input type="checkbox"/>	Assign staff to Operational Periods to complete tasks and objectives (should not exceed 12 hour shifts), provide relief personnel, rest periods and meals as needed
<input type="checkbox"/>	Coordinate with Operations Section and Logistics to request resources. When resource needs exceed availability of resources within Operational Area, submit request for <u>mutual aid resources</u> to OADMHC or M/H Branch Director at the OAEOC. Mutual Aid resources are requested through Region-VI RDMHC.
<input type="checkbox"/>	<p>Collect information periodically to update <i>Situation & Resource Analysis</i> and disseminate information to all who have a need to know to include:</p> <p><input type="checkbox"/> M/H Branch Director, DOC Director, M/HOAC</p> <p><input type="checkbox"/> Unit Leaders</p> <p><input type="checkbox"/> Participating and Support Agencies</p> <p><input type="checkbox"/> Other:</p>
<input type="checkbox"/>	Analyze interorganizational effectiveness, address problems as needed.
<input type="checkbox"/>	Maintain unit log of PHNU activities and communications
<input type="checkbox"/>	<p><u>Disaster Recovery</u></p> <p><input type="checkbox"/> Evaluate need for continued activation of Public Health Nursing Unit</p> <p><input type="checkbox"/> Provide community education and outreach services</p> <p><input type="checkbox"/> Ensure that public health and safety advisories are prepared and submitted to M/H Branch Director</p> <p><input type="checkbox"/> Develop <u>ACTION PLAN</u> for deactivation of PHNU</p> <p><input type="checkbox"/> Participate in critique of medical/health disaster response and after-action report</p>

SHELTER ASSESSMENT FORM

A. BACKGROUND INFORMATION

PHN Name: _____	Date: ____/____/____
Name of Shelter: _____	Address: _____
Name of Shelter Mgr.: _____	Sponsor Agency: _____
Shelter Phone #: _____	Day Nurse _____ Night Nurse _____

B. CENSUS INFORMATION

Total Day Census: _____	Adults _____	Children < 12 years _____
Total Night Census: _____	Adults _____	Children < 12 years _____

C. MEDICAL ASSESSMENT

	<u>Total # in Shelter</u>	Comments
1. Chronically Ill, Diabetes, Coronary Disease, COPD, etc.	_____	_____
2. Pregnancies, Newborns, Premies, etc.	_____	_____
3. Active Tuberculosis Cases	_____	_____
• TB Cases Receiving DOT	_____	_____
4. Persons Needing Medications	_____	_____
5. Persons Needing Medical Appliances	_____	_____
6. AIDS Cases	_____	_____
7. Injury Cases	_____	_____
8. Communicable Disease Suspects (Diarrhea, Vomiting, head Lice, Scabies, Colds, Influenza, etc.)	_____	_____

D. ENVIRONMENTAL ASSESSMENT

	<u>Adequate?</u>	Comments
1. Water Availability	Y N ?	_____
Hand Washing Area:	Y N ?	_____
Drinking Water Sites:	Y N ?	_____
Bathing/Shower Areas:	Y N ?	_____
2. Food Handling	Y N ?	_____
Storage Areas:	Y N ?	_____
Refrigeration Facility:	Y N ?	_____
Formula Preparation & Bottle Cleaning Areas:	Y N ?	_____
3. Waste Disposal	Y N ?	_____
General Toilet Facilities:	Y N ?	_____
Handicap Toilet Facilities:	Y N ?	_____
Diapering Areas:	Y N ?	_____
Plastic Waste Bags:	Y N ?	_____
Garbage Disposal Areas:	Y N ?	_____
Portable Toilet Cleaning Schedules:	Y N ?	_____

E. PROMPT ACTION REQUIRED

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Form Instructions:

1. May be used to assess any congregate living setting.

BEHAVIORAL HEALTH SERVICES UNIT JOB ACTION SHEET	
UNIT LEADER:	Behavioral Health Services Director or designee
SEMS ASSIGNMENT:	Operations Section at OAEOC or M/H DOC
REPORT TO:	M/H Branch Director or DOC Director
RESPONSIBILITIES: evaluate and provide services to improve the emotional health of the public and responders to include critical incident stress debriefing (CISD) if available, and short and long-term crisis counseling services	
<input type="checkbox"/>	Receive activation notice from M/H Branch Director
<input type="checkbox"/>	Report to Operations Section at the OAEOC or M/H DOC as directed
<input type="checkbox"/>	Sign in, obtain briefing and review BHSU Job Action Sheet
<input type="checkbox"/>	Activate BHSU Task Force as needed and brief Task Force leaders
<input type="checkbox"/>	Conduct <i>Situation & Resource Analysis</i> of short and long-term crisis counseling needs of the public and emergency workers
<input type="checkbox"/>	<u>Public Advisories</u> – prepare public advisories and distribute to M/H Branch Director for approval and distribution
<input type="checkbox"/>	Coordinate with Planning Section to develop <i>ACTION PLAN</i>
<input type="checkbox"/>	Assign staff to Operational Periods to complete tasks and objectives (should not exceed 12 hour shifts), provide relief personnel, rest periods and meals as needed
<input type="checkbox"/>	Coordinate with Operations and Logistics Sections to request resources. When resource needs exceed availability of resources within Operational Area, submit request for <u>mutual aid resources</u> to OADM/HC or M/H Branch Director at the OAEOC. Mutual Aid resources are requested through Region-VI RDMHC.
<input type="checkbox"/>	Collect information periodically to update <i>Situation & Resource Analysis</i> and disseminate information to all who have a need to know to include: <ul style="list-style-type: none"> <input type="checkbox"/> M/H Branch Director, DOC Director, OADMHC <input type="checkbox"/> Participating and Support Agencies <input type="checkbox"/> Other:
<input type="checkbox"/>	Analyze interorganizational effectiveness, address problems as needed.
<input type="checkbox"/>	Maintain unit log of BHSU activities and communications
<input type="checkbox"/>	<u>Disaster Recovery</u> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluate need for continued activation of BHSU <input type="checkbox"/> Ensure that public health and safety advisories are prepared and submitted to M/H Branch Director <input type="checkbox"/> Develop <i>ACTION PLAN</i> for deactivation of BHSU <input type="checkbox"/> Participate in critique of medical/health disaster response and after-action report

PUBLIC HEALTH LABORATORY UNIT JOB ACTION SHEET	
UNIT LEADER:	Public Health Laboratory Manager or designee
SEMS ASSIGNMENT:	Operations Section at OAEOC or M/H DOC
REPORT TO:	M/H Branch Director or DOC Director
RESPONSIBILITIES: testing of water, wastewater and foods and reporting results, surveillance and coordination with local hospitals and clinics, serve as a reference laboratory, serve as liaison with CSDHS Microbial Disease Laboratories and Viral and Rickettsial Disease laboratories and any State and Federal Laboratories	
<input type="checkbox"/>	Receive activation notice from M/H Branch Director
<input type="checkbox"/>	Report to Operations Section at the OAEOC or M/H DOC as directed
<input type="checkbox"/>	Sign in, obtain briefing and review PHLU Job Action Sheet
<input type="checkbox"/>	Screen, test or reference suspected biological agents (Biological Safety Level III laboratory)
<input type="checkbox"/>	Conduct testing of water, wastewater and food samples collected by EHSU and report results
<input type="checkbox"/>	Provide surveillance and coordination with local hospitals and clinics and serve as a reference laboratory
<input type="checkbox"/>	Serve as liaison with State and Federal Laboratories
<input type="checkbox"/>	<u>Public Advisories</u> – prepare public advisories and distribute to M/H Branch Director for approval
<input type="checkbox"/>	Coordinate with Planning Section to develop <u>ACTION PLAN</u> for public health threats
<input type="checkbox"/>	Assign staff to Operational Periods to complete tasks and objectives (should not exceed 12 hour shifts), provide relief personnel, rest periods and meals as needed
<input type="checkbox"/>	Coordinate with Operations and Logistics Sections to request resources. When resource needs exceed availability of resources within Operational Area, submit request for <u>mutual aid resources</u> to OADMHC or M/H Branch Director at the OAEOC. Mutual Aid resources are requested through Region-VI RDMHC.
<input type="checkbox"/>	Collect information periodically to update <i>Situation & Resource Analysis</i> and disseminate information to all who have a need to know to include: <div style="margin-left: 20px;"> <input type="checkbox"/> M/H Branch Director, DOC Director, OADMHC <input type="checkbox"/> Participating and Support Agencies <input type="checkbox"/> Other: </div>
<input type="checkbox"/>	Analyze interorganizational effectiveness, address problems as needed.
<input type="checkbox"/>	Maintain unit log of PHLU activities and communications
<input type="checkbox"/>	<u>Disaster Recovery</u> <div style="margin-left: 20px;"> <input type="checkbox"/> Evaluate need for continued activation of PHLU <input type="checkbox"/> Ensure that public health and safety advisories are prepared and submitted to M/H Branch Director <input type="checkbox"/> Develop <u>ACTION PLAN</u> for deactivation of PHLU <input type="checkbox"/> Participate in critique of medical/health disaster response and after-action report </div>

FINANCE SECTION JOB ACTION SHEET	
SECTION CHIEF:	PH Fiscal Manager or designee
SEMS ASSIGNMENT:	Finance Section at M/H DOC
REPORT TO:	DOC Director
RESPONSIBILITIES:	
<input type="checkbox"/>	Receive activation notice from M/H Branch Director
<input type="checkbox"/>	Report to Operations Section at M/H DOC
<input type="checkbox"/>	Sign in, obtain briefing and review Finance Section Job Action Sheet
<input type="checkbox"/>	Activate Finance Section Task Force as needed and brief Task Force Leaders
<input type="checkbox"/>	Establish contact with OAEOC Finance Section Chief
<input type="checkbox"/>	Develop instructions on emergency labor hours, payroll, injury claims, and emergency purchases and distribute these to Health Department personnel
<input type="checkbox"/>	Maintain documentation of response costs, including equipment, overtime labor hours, and mileage.
<input type="checkbox"/>	Assign staff to Operational Periods to complete tasks and objectives (should not exceed 12 hour shifts), provide relief personnel, rest periods and meals as needed
<input type="checkbox"/>	At shift change, provide detailed status report and all written materials to replacement staff.
<input type="checkbox"/>	Cost/Time Unit <input type="checkbox"/> Establish contact with Unit Leaders and agency personnel responsible for maintaining labor hours and distribute instructions for reporting emergency work hours <input type="checkbox"/> Ensure that daily personnel time recording documents are prepared and submitted
<input type="checkbox"/>	Claims Unit <input type="checkbox"/> Monitor reports of property damage and ensure proper documentation of claims <input type="checkbox"/> Assess the need to contact injury and claims specialists or legal counsel to manage injury and property damage claims <input type="checkbox"/> Ensure that all compensation for injury and claims forms related to the emergency are updated and routed to the proper county agency for processing after the emergency
<input type="checkbox"/>	Procurement Unit <input type="checkbox"/> Collect vendor purchase orders, service contracts, invoices and other documents into a single Health Department cost documentation report for State and Federal reimbursement <input type="checkbox"/> Coordinate with Operations and Logistics Sections to request resources. When resource needs exceed availability of resources within Operational Area, submit request for <u>mutual aid resources</u> to OADMHC or M/H Branch Director at the OAEOC. Mutual Aid resources are requested through Region-VI RDMHC.
<input type="checkbox"/>	Analyze interorganizational effectiveness, address problems as needed.

<input type="checkbox"/>	Maintain unit log of Financial Section activities and communications
<input type="checkbox"/>	<u>Disaster Recovery</u>
<input type="checkbox"/>	Evaluate need for continued activation of Financial Section
<input type="checkbox"/>	Develop <u>ACTION PLAN</u> for deactivation of Financial Section
<input type="checkbox"/>	Participate in critique of medical/health disaster response and after-action report

LOGISTICS SECTION JOB ACTION SHEET	
SECTION CHIEF:	PH Fiscal Manager or designee
SEMS ASSIGNMENT:	Logistics Section at M/H DOC
REPORT TO:	DOC Director
RESPONSIBILITIES: Assist in providing facilities, communications, food and shelter, equipment, material and personnel in support of the incident. Participate in development of the Incident Action Plan. Supervise Resources Unit, Communications Unit, Transportation Unit, and Information Systems Unit.	
<input type="checkbox"/>	Receive activation notice from M/H Branch Director
<input type="checkbox"/>	Report to Operations Section at M/H DOC
<input type="checkbox"/>	Sign in, obtain briefing and review Logistics Section Job Action Sheet
<input type="checkbox"/>	Activate Logistics Section Task Force as needed and brief Task Force Leaders
<input type="checkbox"/>	Establish contact with OAEOC Logistics Section Chief
<input type="checkbox"/>	Coordinate with DOC Operations Section to request resources through OADMHC. When resource needs exceed availability of resources within Operational Area, submit request for <u>mutual aid resources</u> to OADMHC or M/H Branch Director at the OAEOC.
<input type="checkbox"/>	Assist in development of the Incident Action Plan
<input type="checkbox"/>	Assign staff to Operational Periods to complete tasks and objectives (should not exceed 12 hour shifts), provide relief personnel, rest periods and meals as needed
<input type="checkbox"/>	At shift change, provide detailed status report and all written materials to replacement staff.
<input type="checkbox"/>	<p>Communications Unit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist in setting up telephone, fax, and radio equipment in the DOC <input type="checkbox"/> Determine location of field operations and communications requirements for personnel at field sites <input type="checkbox"/> Coordinate with OAEOC Logistics Section to arrange DOC/EOC communications <input type="checkbox"/> Determine communications equipment allocation schedule, operating instructions, accessibility and maintenance <input type="checkbox"/> Distribute instructions on the use of communications equipment to personnel, if needed <input type="checkbox"/> Obtain additional communications equipment/resources, as needed
<input type="checkbox"/>	In coordination with DOC Director and Public Information Officer, set up health department public information line. Establish telephone line with recorded message and update message every operational period (24 hours) or as often as necessary
<input type="checkbox"/>	<p>Ensure that Logistics Unit Leaders maintain documentation of the incident and that this information is assembled at each shift transition and at the conclusion of the emergency. Include the following records</p> <ul style="list-style-type: none"> <input type="checkbox"/> Messages received and transmitted <input type="checkbox"/> Actions pending / completed

<input type="checkbox"/>	<input type="checkbox"/> Duty rosters including time on duty
<input type="checkbox"/>	<input type="checkbox"/> Active vendor records (purchase orders, rental agreements, purchase records)
<input type="checkbox"/>	<input type="checkbox"/> Vehicle records (if applicable) and vehicle accident reports
<input type="checkbox"/>	<p>Resources Unit</p> <p><input type="checkbox"/> Review and organize health department vendor lists for emergency use</p> <p><input type="checkbox"/> Coordinate requests for additional resources through OADM/HC</p> <p><input type="checkbox"/> Assist in the procurement or rental of emergency equipment and supplies</p> <p><input type="checkbox"/> Assist Section Chiefs and Unit Leaders in evaluating personnel resource requirements and contacting mutual aid resources through the OADM/HC at the OAEOC</p>
<input type="checkbox"/>	<p>Information Systems Unit</p> <p><input type="checkbox"/> Assess status of power systems at health department facilities. Determine effect of power interruption on computer systems and arrange for back-up power at critical sites, if possible</p> <p><input type="checkbox"/> Assess status of computer systems and equipment. Determine requirements for repair, restoration of computer systems, and recovery of electronic communications (E-mail)</p> <p><input type="checkbox"/> Assess status of health department databases. Determine how to access needed database information and assist Section Chiefs and Unit Leaders to obtain database information</p> <p><input type="checkbox"/> Arrange for emergency back-up of computer software programs, files, and databases, if necessary</p> <p><input type="checkbox"/> Contact vendors to obtain additional computer equipment. Contact vendors to assist with data recovery and restoration, if needed</p>
<input type="checkbox"/>	<p>Transportation Unit</p> <p><input type="checkbox"/> Analyze existing transportation requirements and capabilities of health department personnel during emergency response</p> <p><input type="checkbox"/> Prioritize transportation requirements to support immediate and extended operations</p> <p><input type="checkbox"/> Coordinate transportation (car pools, rental cars, county vehicles, and buses) to ensure staffing at health department field sites</p> <p><input type="checkbox"/> Obtain information on road closures and provide status reports to the DOC Director</p> <p><input type="checkbox"/> Develop alternate transportation information and routes and post these on status boards in the DOC</p> <p><input type="checkbox"/> Develop a 24-hour transportation schedule, which includes courier transportation from the health department DOC to the OAEOC</p> <p><input type="checkbox"/> Issue use instructions and safety rules to health department personnel operating county vehicles</p> <p><input type="checkbox"/> Open and maintain the following records on vehicles:</p> <p><input type="checkbox"/> Vehicle dispatch log</p> <p><input type="checkbox"/> Vehicle records (registration, etc.)</p> <p><input type="checkbox"/> Vehicle accident reports</p>

<input type="checkbox"/>	<input type="checkbox"/> Vehicle maintenance records
<input type="checkbox"/>	Prepare a transportation deactivation plan to ensure return of property and vehicles
<input type="checkbox"/>	Analyze interorganizational effectiveness, address problems as needed.
<input type="checkbox"/>	Maintain unit log of Logistics Section activities and communications
<input type="checkbox"/>	<u>Disaster Recovery</u> <input type="checkbox"/> Evaluate need for continued activation of Logistics Section <input type="checkbox"/> Develop <u>ACTION PLAN</u> for deactivation of Logistics Section <input type="checkbox"/> Participate in critique of medical/health disaster response and after-action report

DISASTER PERSONNEL RECORD

This record summarizes the work history of Medical/Health Branch personnel.

Medical/Health Section/Unit: _____

EMPLOYEE NAME	DATE	HRS. WORKED	RATE OF PAY	SUMMARY OF WORK PERFORMED

Completed by: _____ Date: _____

DISASTER RESOURCE RECORD

This record tracks the medical/health resources requested by each DOC Section or Unit.

Name of Event: _____

DOC Section/Unit: _____

RESOURCES REQUESTED	Date/Time of Request	Date/Time Filled	REQUESTED BY (NAME)

Completed by: _____ Date: _____

MEDICAL/HEALTH BRANCH

ACTION PLAN

OPERATIONAL PERIOD Date: _____
(maximum 24-hour period)

Date/Time Assigned	<u>Objectives / Tasks</u> (prioritize)	Assigned To	Resources Needed (see Resource List)	<u>Summary of Actions</u>	Date/Time Completed

Action Plan Development (Management by Objectives)

- Step 1: Complete Situation and Resource Analysis.
- Step 2: Identify problems to be tackled (objectives).
- Step 3: Objectives are broken down into specific tasks.
- Step 4: Prioritize tasks.
- Step 5: Assign tasks to individuals/groups.
- Step 6: Individuals/groups determine resources needed to complete tasks.
- Step 7: Resource needs are compared with what's available and what needs to be requested through mutual aid channels. Future resource needs are also anticipated and provisions made for their acquisition.
- Step 8: Establish time frame for completion of tasks/objectives.
- Step 9: Assign Operational Periods (24 hours) for each Action Plan based on time frames to complete tasks/objectives.
- Step 10: Monitor and document progress on each task/objective and indicate when completed (date/time).

IMPERIAL COUNTY MEDICAL/HEALTH DISASTER PLAN

RESOURCE REQUEST FORM

Request Date/Time	Operational Area (county) IMPERIAL COUNTY
Request submitted by:	
Incident Situation/Threat	

<u>RESOURCES NEEDED</u> <u>(attach resource/supply list)</u>		
<u>Personnel</u>	<u>Quantity</u>	<u>Describe duties to be performed if not sure of the specific personnel needs:</u>
<u>Other M/H Resources</u>	<u>Quantity</u>	<u>Describe tasks to be performed if not sure of the specific resource needs:</u>
<input type="checkbox"/> <u>Reporting/Shipping Instructions:</u> Give location address, phone, contact person, and directions to where personnel are to report or where supplies/equipment are to be delivered.		
Request sent to:		
Name:		Contact #:

Date/Time resources/personnel arrived:
Person reporting arrival of resources/personnel:

RESOURCE REQUEST LIST**(Indicate quantity needed)****Casualty Evacuation**

Ambulatory _____

Stretcher _____

Vehicles**Ground Ambulances (with crews)**

BLS _____

ALS _____

Personnel Categories**Physicians**

Emergency Dept. _____

Surgery _____

Other Medical _____

Air Ambulances

Helicopter _____

Fixed Wing _____

Other Type Transport Vehicle

Vans _____

Buses _____

Other (specify) _____

Nurses (RN)

Public Health _____

Emergency Dept. _____

Surgery _____

Other Medical _____

Mobile Health Van _____**LVNs** _____**Medical Equipment/Supplies****Equipment (type quantity)****Prehospital**

EMT-Is _____

Paramedic/EMT-II _____

Blood & Blood Components

Blood (type/quantity) _____

Plasma (type/quantity) _____

Environmental Health

P/H Engineer _____

P/H Entomologist _____

Vector Control Inspector _____

Supervisor EHS _____

EHS Specialist _____

Hazmat Supervisor _____

Hazmat Specialist _____

EHS Sanitarian _____

Mental Health Counselors _____

Other (specify) _____**Supplies (attach supply list)****Specialty Teams(with equipment)**

SART (Search & Rescue) _____

HAZMAT Team _____

DMAT (Disaster Medical Assistance Team) _____

CISD Team/Personnel _____

Other (specify) _____

GLOSSARY

Action Plan – a plan that contains objectives reflecting the overall incident strategy, specific tactical actions and supporting information for each operational period.

Departmental Operations Center (DOC) – a location from which centralized emergency management can be performed by a single department, agency or discipline. DOC facilities are established to coordinate the agency or jurisdictional response and support to an emergency and typically provide a representative to the OAEOC for overall system coordination.

Disaster Medical Assistant Team (DMAT) – DMATs are a national network of response teams composed of approximately 35-100 civilian volunteers from the medical, health and mental health care professions. DMATs are a component of the National Disaster Medical System (NDMS), which can be mobilized and deployed by the EMS Authority as a medical mutual aid resource to provide supplemental, or replacement medical care and other services to communities impacted by a disaster.

Field Treatment Sites (FTS) - Field Treatment Sites are sites designated by the Health Officer or Medical/Health Branch Director for the congregation, triage, treatment, and evacuation of disaster casualties. Although the principal role of a FTS is for casualty evacuation, local jurisdictions may also employ them to supplement their medical response capabilities. They may use a FTS to increase the supply of hospital resources by moving some patients from hospitals to a FTS. Field Training Sites may accept casualties directly from incident sites if hospital capacity is unavailable or severely limited. A FTS may also serve as the gateway for the evacuation of casualties to unaffected areas and as receiving sites for medical supplies and personnel provided to local government through the state response.

Incident Commander (IC) – the individual responsible for the command of all functions at the field response level.

Incident Command System (ICS) – the nationally used standardized on-scene emergency management concept, specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Incident Command Post (ICP) – a designated site at any major incident from which the Incident Commander can manage the incident.

Joint Emergency Operations Center (JEOC) – a Joint Emergency Operations Center of the State Department of Health Services and the EMS Authority. The JEOC locates,

acquires, and arranges for the delivery of disaster medical supplies, equipment and personnel from unaffected areas of the state.

Operational Area (OA) - an intermediate level of the state emergency organization, consisting of a county and all political subdivisions within the county area.

Operational Area Emergency Operations Center (OAEOC) – a location from which centralized emergency management can be performed by county government. The OAEOC facility is established to coordinate the overall response and support to an emergency.

Operational Area Disaster Medical/Health Coordinator (OADMHC) – a designated individual who coordinates the disaster medical care system within the county.

Operational Period – the period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan.

Regional Disaster Medical/Health Coordinator (RDMHC) – develops and maintains a system to identify medical resources, transportation assets and communication resources within the region. At the request of the Operational Area Disaster Medical/Health Coordinator, coordinates the procurement and allocation of medical resources and communications assets to support medical care operations within the affected jurisdictions. The RDM/HC requests assistance, as needed, from the State Joint Emergency Operations Center (JEOC).

Regional Emergency Operations Center (REOC) – facilities found at State OES Administrative Regions. REOCs are used to coordinate information and resources among operational areas and between the operational areas and the state level.

RIMS – Resource Information Management System

Staging Area – locations set up at an incident where resources can be placed while awaiting a tactical assignment. Staging Areas are managed by the Operations Section.

Standardized Emergency Management System (SEMS) – a system required by California Government Code for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels which are activated as necessary: Field Response, Local Government, Operational Area, Region, State. There are five functions under SEMS to include management, operations, planning, logistics, and finance.

Simple Triage and Rapid Transport (START) - a method of initial triage for all incidents with multiple casualties.

State Operations Center (SOC) – an EOC facility operated by the Governor’s Office of Emergency Services at the state level in SEMS.

Triage – the screening and classification of sick, wounded, or injured persons to determine priority needs in order to ensure the efficient use of medical manpower, equipment, and facilities.

Unified Command – a unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

MESSAGE FORM

FILL IN ALL INFORMATION

TO (Receiver): _____

FROM (Sender): _____

DATE & TIME: _____

[illegible]

KEEP ALL MESSAGES BRIEF, TO THE POINT, AND VERY SPECIFIC